

HIV PREVENTION IN HONG KONG
STRATEGY SERIES

HIV Prevention in Cross Border Travellers
- Principles of Strategy –

March 2001

AIDS PREVENTION AND CARE COMMITTEE
HONG KONG ADVISORY COUNCIL ON AIDS

HIV PREVENTION IN HONG KONG

STRATEGY SERIES

About this services:

This paper is one among the STRATEGY Series developed by AIDS Prevention and Care Committee (APCC) since 1999. The series presents the current understanding on the HIV and related issues in the described priority areas specific to the local settings, together with the consensual recommended directions for future activities. A societal perspective is undertaken and a pragmatic approach adopted. Target users of this series would include policy-makers, administrators, educators, planners and implementers, and anyone in the public who is interested.

Purposes of the STRATEGY SERIES:

*To stimulate interest in the community;
To catalyze the development of targeted prevention efforts; and
To set up form for refining future strategies*

Updates:

HIV prevention is a dynamic area and the community's input is vital. The situations and recommendations made in these papers are specific to the time when they are developed, albeit imperfect and not without controversies. The Committee is prepared to review them whenever appropriate. Those who are interested are encouraged to send in their views and recommendations, preferably with supporting documents and reference materials.

Copyright:

Copyright of this series belongs to APCC. Reproduction of the papers is welcome while any quotes and referencing should be made to APCC Hong Kong.

About APCC, please see back page. For more information and other publication series, please refer to Hong Kong Advisory Council on AIDS (ACA) annual report or send your inquiries to ACA Secretariat.

Address:

5/F, Yaumatei Jockey Club Clinic
145 Battery Street, Yaumatei,
Kowloon, Hong Kong
Tel: (852) 2304 6100
Fax: (852) 2337 0897
Email: aca@health.gcn.gov.hk
Website: <http://www.info.gov.hk/aids>

Acknowledgement

The main report was compiled by Dr. Joseph, T. F. Lau and Dr. P. C. Siah. The executive summary was prepared by Mr. William Kam. Members of the Task Force on Travelers (TFT) and members of the Work Team on Situation Analysis (Travelers) of the Community Planning Committee contributed to the ideas and contents of the report.

Strategy paper on HIV/AIDS prevention and cross-border travellers

Executive summary

Introduction

1. Prepared by the Task Force on Travellers (TFT) for consideration of the AIDS Prevention and Care Committee (APCC), this strategy paper aims to: -
 - a. present an analysis on the situation of HIV/AIDS vis-a-vis cross-border travellers including the problem and prevention work done as well as in progress;
 - b. identify the gaps which need to be filled for prevention work to be effective; and
 - c. suggest, based on the situation and the gap analyses, some possible strategies

2. By definition, cross-border travellers refer to outbound male travellers going to the mainland China.

Situation analysis

Research studies on the cross-border issue

3. Research work relating to HIV/AIDS and cross-border travellers started in 1997 (e.g., Ho & Choy, 1997; Lau & Thomas, 2001). In recent years, the growing problem of cross-border sex has sparked off the concern of a rapid spread of HIV infection between the mainland and Hong Kong resulting in more studies conducted on the subject matter.

The challenge

4. Compared with other countries, Hong Kong is fortunate to have a low HIV prevalence (Chin, 1997). However, the figure for the mainland, according to UNAIDS, is about 500,000 (UNAIDS, 2000). An increasing number of cross-border travellers, estimated to be over 200,000 daily (陸路處, 2000), together with their practice of unsafe sex involving sex workers or other sex partners have made them a vulnerable target of HIV infection. Indeed the number of Hong Kong male adults engaged in

commercial sex daily in the mainland was estimated in 1997 to be 10,000 (Lau & Thomas, 2001). Also, it was estimated by UNDP in 1996 that the number of female sex workers in the mainland could be 3 to 4 million with the majority working in the economically booming southern provinces where there were the largest number of STD cases (United Nations Development Programme [UNDP], 1996).

Vulnerability to HIV infection

5. Many recent studies have shown a high degree of vulnerability of cross-border travellers to HIV infection (e.g., Hawkes et al., 1994; Lewis & Bailey, 1992-93). Studies conducted in 1997 and 1998 as detailed in appendices 1 and 2 revealed that a large percentage (i.e. 33%) of cross-border travellers had sex with female sex workers (FSW) in the past six months in the mainland with a third of them failing to use condoms (Lau & Thomas, 2001; Lau & Wong, 2000a). Another study as discussed in appendix 3 showed that 14% of the respondents had engaged in commercial sex in the past six months with 27% of them failing to use condoms (Lau & Siah, in press). Compared with 1998, there were more travellers visiting FSW in the mainland in 1999 (appendix 4) (Lau & Siah, 2000). A study on another type of cross-border travellers i.e. truck drivers in 1996 (appendix 7) also disclosed that a quarter of them had engaged in commercial sex across the border (Ho & Choy, 1997). Over the last 3 years, survey data have not been able to detect a significant behavioural change towards safer sex behaviour.

6. Worse still, studies described by appendices 1 and 2 showed that 20% of those visiting FSW in the mainland had a history of STD (Lau & Thomas, 2001; Lau & Wong, 2000a). Another study on cross-border truck drivers discussed under appendix 7 showed that 11.8% of those who had engaged in cross-border sex admitted having contracted STD (Ho & Choy, 1997).

7. In the mainland, the spread of STD including trichomoniasis, chlamydia, gonorrhoea and syphilis has been increasing rapidly. For example, there were 33,668 STD cases reported in 1997 and the number had increased to 53,768 in 1998 (UNDP, 1996). The figures for Guangzhou and Shenzhen have been spiraling.

8. As the relationship between AIDS and STD is a close one, people can be 2-5 times more likely to become infected with HIV when other STDs are present (CDC,

1998).

Profile of the vulnerable travellers

9. About half of the cross-border travellers were found to be aged 30-49 with male amounting to 64.3% (MDR, 2000). The study as detailed in appendix 1 showed that those frequent travellers aged 31-40 and with less education were more likely to have sex with FSW (Lau & Thomas, 2001). A higher percentage of respondents who had no regular sex partner reported having sex with FSW (appendix 4) (Lau & Siah, 2000). Another study conducted in 1998 (appendix 5) found that middle-aged and married travellers were more likely to be in the high-risk group (Abdullah, Fielding & Hedley, 1998). For truck drivers, a study conducted in 1996 (appendix 7) showed that those vulnerable were middle-aged with relatively high income. A boring job and long working hours were the main reasons for visiting FSW (Ho & Choy, 1997).

Condom use and perception of risk

10. Studies as described by appendices 1, 2 and 3 showed that about 30% of those who visited FSW in the mainland did not use condoms. "Pleasure killer", "partner is trustable" and "partner does not like to use" were the reasons given. The situation is aggravated by the fact that 70% of those who had not used condoms with FSW did not use condoms with their regular sex partners (appendix 1) (Lau & Thomas, 2001). It can also be seen from appendix 1 that those practicing high risk sex had more fear for AIDS. However, they considered that the chance of contracting HIV from FSW was small. For the truck drivers, the study in appendix 7 shows that their perception of risk was low (Ho & Choy, 1997). Concerning HIV testing, the number of those who had engaged in commercial sex but with the intention of taking a test was found to be a mere one-third and about 16% actually took the test (Lau & Wong, 2000b).

Sex establishments

11. The popular destinations for these travellers were found to be mainly Shenzhen, Dongguan and Guangzhou (MDR, 2000). Hair salon, disco, karaoke bars, guest house and cinema were identified as establishments where commercial sex activities

commonly took place (AIDS Scenario and Surveillance Research, 1995).

Prevention and intervention programs

12. Prevention programs which included the putting up of posters, distribution of educational materials, mounting of exhibitions, showing of videos at airport, ferry and train terminals and the various checkpoints had been organized. An outreach program, aiming at talking with the travellers directly and driving home to them messages on safer sex and AIDS prevention is in progress (Lau & Siah, 1999). Some intervention programs are being planned by the CCTER, the Chinese University of Hong Kong with counterparts across the border for sex workers in women re-educational/ drug rehabilitation centres and a hair salon in Shenzhen as well as a STD clinic in Guangzhou are progressing well. A cassette tape with messages on HIV/AIDS will be produced for distribution to cross-border truck drivers.

Evaluation

13. It was shown by a study that over 80% of those given the educational materials did make an effort to read them. More than 50% of the respondents considered HIV/AIDS education useful (Lau & Siah, 1999).

Gap analysis

14. Based on the situation analysis, some gaps, both information and service, have been identified. Given below is an account of these gaps: -

Information gaps

15. To facilitate the design of effective prevention programmes, more qualitative studies aiming at understanding the risk taking behaviours of travellers have to be carried out. More information on prevention programmes held in the mainland and relevant surveillance and research data on sex workers, HIV infection and STD will certainly help. Data on cross-border MSM behaviours, females engaged in high risk cross-border sex and cross-border drug use activities especially among young people and HIV drug abusers are useful for planning prevention work as well.

Service gaps

16. With a low rate of HIV testing for those engaged in high risk cross-border sex (e.g., Lau & Wong, 2000b), there is a need to include the promotion of HIV testing into existing and future prevention programmes. Through an outreach approach, peer education programmes can be developed among the travellers including truck drivers. To make prevention work more productive, future prevention programmes should be extended to travellers going to places other than the mainland. To address the cross-border issue effectively, it is necessary to explore collaboration with counterparts including the mass media across the border and those working locally with young people, drug users, sex workers and STD patients as their targets.

Strategies suggested:

17. Concerning strategies for HIV/AIDS prevention, the following points are considered relevant: -

- a. In carrying out prevention work, the limited amount of manpower has made prioritization and the involvement of other main stream NGOs essential.
- b. To increase the awareness of people on both places about the epidemic, regular and joint publicity including the announcement of data on HIV and STD by the Hong Kong and the mainland sides is useful.
- c. Effort should be made to strengthen collaboration with the mainland counterparts in the implementation of cross-border prevention programmes.
- d. The AIDS Trust Fund should consider supporting joint projects with the mainland counterparts when Hong Kong people could be seen as the “beneficiaries”.
- e. The prevention programmes should aim at conveying messages relating to safe sex, vulnerability to HIV infection and impact of HIV infection on family members. Cost effectiveness and evaluation of outcomes of prevention programs should be emphasized. An evidence based approach should be adapted.

- f. Venues such as ferry piers, container terminals, border checkpoints, STD clinics and train stations should continue to be used for driving home the messages to travellers.
- g. Public awareness of the issues should be sustained.
- h. Coordination among relevant parties involved in prevention work such as task forces, sub-committees and the Community Planning Committee should continue unabated.
- i. Existing preventive and surveillance programs should be sustained. Future program should also take a sustainable approach.

References

陸路處 (2000)。深圳陸路口岸 1999 年全年工作情況。

Abdullah, A. S. M., Fielding, R. & Hedley, A. J. (1998). Travel, sexual behaviour, and the risk of contracting sexually transmitted diseases. Hong Kong Medical Journal, 4(2): 137-144.

Abdullah, A. S. M. & Fielding, R. (1999). The assessment of HIV related risk behaviours and perceptions of risk among Chinese business travellers in Hong Kong. Report submitted to the Council of the AIDS Trust Fund, Hong Kong

AIDS Scenario and Surveillance Research [ASSR]. (1995). Cross-border lorry drivers and commercial sex activities in Hong Kong: report of a preliminary study. Hong Kong: Government Printer.

CDC [Center for Disease Control and Prevention]. (1998). Prevention and treatment of sexually transmitted diseases as an HIV prevention strategy. US: CDC.

Chin, J. (1997). Revised estimates and projections of HIV infection and AIDS cases in Hong Kong. Hong Kong: Government Printer.

Hawkes, S., Hart, G. J., Johnson, A. M., Shergold, C., Ross, E., Herbert, K. M., Mortimer, P., Parry, J. V., & Mabey, D. (1994). Risk behaviour and HIV prevalence in international travellers. AIDS, 8(2), 247-252.

Ho, C. O. B. & Choy, R. (1997). Research report on AIDS awareness and sexual behaviour of truck drivers in Hong Kong. Hong Kong: AIDS Concern (Unpublished manuscript).

Lau, J. T. F. & Siah, P. C. (1999). Report on the evaluation of education programs. Report submitted to AIDS Concern, Hong Kong.

Lau, J. T. F. & Siah, P. C. (2000). Behavioural surveillance of the male population in Hong Kong – the commercial sex networkers. The Chinese University of Hong Kong: Centre for Clinical Trials and Epidemiological Research (Unpublished manuscript).

Lau, J. T. F. & Siah, P. C. (in press). Behavioural surveillance of sexually-related risk behaviours of the Chinese male general population in Hong Kong: a benchmark study. AIDS Care.

Lau, J. T. F. & Thomas, J. (2001). Risk behaviours of Hong Kong male residents travelling to mainland China: a potential bridge population for HIV infection. AIDS Care, 13(1), 71–81.

Lau, J. T. F., & Wong, W. S. (2000a). Behavioral surveillance of sexually-related risk behaviors for the cross-border traveler population in Hong Kong --- The evaluation of the overall effectiveness of relevant prevention programs by comparing the results of two surveillance surveys. International Journal of STD & AIDS, 11, 719-727.

Lau, J. T. F. & Wong, S. W. (2000b). HIV antibody testing among the Hong Kong mainland Chinese cross-border sex networking population in Hong Kong. Report submitted to the Council for the AIDS Trust Fund, Hong Kong.

Lewis, N. D. & Bailey, J. (1992-93). HIV, international travel and tourism: global issues and Pacific perspectives. Asia-Pacific Journal of Public Health, 6(3), 159-167.

MDR (2000). Final report on cross boundary travel survey. Hong Kong: MDR Technology Ltd.

UNAIDS [Joint United Nations Programme on HIV/AIDS]. (2000). Report on the global HIV/AIDS epidemic. Geneva: UNAIDS.

UNDP [United Nations Development Programme]. (1996). Project proposal multi-sectoral approaches for HIV/AIDS prevention and control phase II. People's Republic of China: China International Center for economic and Technical Exchanges and the Ministry of Health.

Appendix 1

Risk behaviors of Hong Kong male residents travelling to mainland China: a potential bridge population for HIV infection (Abstract)

Lau, J. T. F. & Thomas, J. (2001).

The objective was to assess levels of high-risk sexual behavior, condom use, sexually transmitted disease (STD) history and AIDS-related perceptions among Hong Kong men returning from China by land. 1254 systematically sampled subjects were interviewed. 32.5% of respondents had sexual intercourse with a commercial sex worker (CSW) in China in the past six months. 11.2% have done so on this trip. A third of those who reported having sex with CSWs did so without a condom. A fifth had a history of STD. 70% of respondents who did not use a condom with a CSW would not use a condom with their regular sexual partner. Less educated respondents, 31-40 year-olds, and non-business and frequent travellers were more likely to have sex with a CSW. Those who practice high risk sex fear AIDS more, are aware that their own risk of HIV infection is not negligible, but think that chances of HIV-infection from CSWs in China are small. Although Hong Kong's estimated HIV prevalence among adults is low (0.06%), the huge volume of cross-border travel between Hong Kong and China and the common practice of high risk sex by Hong Kong male travellers provide a bridge for emerging epidemics to spread.

Appendix 2

Behavioral surveillance of sexually-related risk behaviors for the cross-border traveler population in Hong Kong – The evaluation of the overall effectiveness of relevant prevention programs by comparing the results of two surveillance surveys (Abstract)

Lau, J. T. F. & Wong, W. S. (2000).

The present study reports the results of 2 surveys of the first behavioral surveillance system (BSS) set up to monitor sexually-related risk behaviors practiced by Hong Kong-China cross-border travelers. The two studies interviewed 1,263 and 1,448 male adult Hong Kong residents in 1997 and 1998 respectively. About one-third of the respondents had had sexual intercourse with a CSW in the past 6 months; about 20% had had sexual intercourse with a CSW or a non-regular sex partner in a single trip; about 35-40% of the CSW clients had not used condom during the intercourse and about 20% of the respondents reported that they had contracted STD. When the results of the two surveys were compared, no significant change in the outcomes of the surveillance indicators was detected; instead, some unfavorable changes in terms of condom use were observed. The effectiveness of the relevant prevention programs in Hong Kong is not evident.

Appendix 3

Behavioral Surveillance of Sexually-Related Risk Behaviors of the Chinese Male General Population in Hong Kong - A Benchmark Study (Abstract)

Lau, J. T. F. & Siah, P.C. (in press).

The objective is to establish a behavioral surveillance system (BSS) for sexually related risk behaviors of the Hong Kong adult male general population. Benchmark data were obtained by interviewing 1,020 male respondents of age 18 to 60.

The results showed that: (i) 14% of the respondents had engaged in commercial sex in the past 6 months, (ii) 27% of the male commercial sex clients did not always use condoms when having sexual intercourse with commercial sex workers (CSW), (iii) 1.5% of the respondents had contracted sexually transmitted diseases (STD) in the past 6 months, (iv) 6.1% of respondents had only ever had sex with a man, (v) 0.8% of the respondents had practiced unprotected anal intercourse with a man in a 6-month period, (vi) 4.4% of respondents practiced sexually-related high risk behaviors, defined as unprotected sex with a CSW or unprotected anal intercourse with a man, (vii) 36.4% of those who engaged in commercial sex had not used condoms with their regular sex partners.

Commercial sex was often practiced outside Hong Kong, very commonly in Mainland China or Macau, and was often practiced at multiple locations by the same client.

Effective programs have to be able to reduce the size of the at risk population. This study together with future ones, will form the first BSS in Hong Kong for the general male population and will provide a relevant yardstick for program evaluation.

Appendix 4

Behavioral surveillance of the male population in Hong Kong – the commercial sex networkers (Abstract)

Lau, J. T. F. & Siah, P. C. (2000).

The main aim of this study was to compare the results of behavioral surveillance data obtained in the years of 1998 and 1999, so as to monitor the trend among behavioral change of commercial sex networkers and to evaluate the effectiveness of preventive programs. Basically, the results are similar for the two years. Firstly, 14% of Hong Kong male had visited commercial sex workers in 1999. Secondly, About 13-14% of those with a regular sex partner in the past 6 months had sexual intercourse with a FSW in the past 6 months; about 43 to 45% of those who had no regular sex partner but had one or more non-regular sex partners had had sexual intercourse with a FSW in the past 6 months. Thirdly, more respondents reported had visited commercial sex in mainland China and in Hong Kong, while compared to 1998 data. Fourthly, 75.1% of the commercial sex networkers had always been using condom. Fifthly, commercial sex networkers who had not always been using condom were more likely to have contracted STD than those who had always done so; those MSM who had had anal sex with a man were more likely to have contracted STD than those MSM who had not done so.

Appendix 5

Travel, sexual behaviour, and the risk of contracting sexually transmitted diseases (Abstract)

Abdullah, A. S. M., Fielding, R. & Hedley, A. J. (1998).

This study investigates sexual behavior and the risk of contracting sexually transmitted diseases among travelers departing from Hong Kong, with an aim of supporting the design of local intervention in continuing health promotion. Travelers were interviewed by five trained multilingual interviewers in the departure lounge at the Kai Tak International Airport, Hong Kong, between May and June 1996, by using a structured, pre-tested questionnaire. Forty-four percent (168/383) of the respondents who traveled at least once within the previous year had had sex with strangers during their travel and 37% (139/376) of the respondents reportedly do not use condoms during sexual intercourse. Middle-aged and married travelers were more likely to be in the high-risk group. These findings reflect the urgent need to target travelers in any strategy that is designed to prevent the spread of sexually transmitted diseases in Hong Kong and Asia Pacific region.

Appendix 6

The assessment of HIV related risk behaviours and perceptions of risk among Chinese business travellers in Hong Kong (Abstract)

Abdullah, A. S. M., & Fielding, R. (1999).

Background: AIDS is now a major cause of morbidity and mortality in many countries, affecting the most productive segment of the population – workers. Therefore the success of any AIDS prevention program will rely on the successful implementation of a program which also targets workplace population. The aim of this study is to examine the HIV related risk behavior and perception on risk among the business community in Hong Kong, and to assess the need for workplace AIDS education interventions.

Method: A cross-sectional survey was conducted among 3170 employees of 28 different business organizations in Hong Kong between August 1998 and May 1999. These 28 companies were randomly selected from 2100 companies with a payroll of over 100 employees registered with the Hong Kong Government Census and Statistics Department. A structured self-administered questionnaire was used for data collection on sexual behavior and practice, knowledge of AIDS and perception of risk.

Results: Three thousand one hundred and seventy questionnaires were distributed and 501 completed questionnaires were received, giving a response rate of 16%. Of the 501 respondents, 58% were male, most (99%) attained an education to secondary school or above, 93% were Hong Kong Chinese, 48% were married, and 85% had traveled at least once during the previous year. Although 99% of the respondents had heard about AIDS. Being male, professional, higher educated, consistent use of condoms with casual sex partners, holding more positive attitude towards HIV, and changes of sexual behavior were associated with higher AIDS knowledge scores.

Appendix 7

AIDS awareness and sexual behaviours of truck drivers in Hong Kong

Ho, C. O. B. & Choy, R. (1997).

The objectives of this study have three folds: to understand the general profile of truck drivers industry; to assess their AIDS awareness and their risk perception of HIV infection; and to study their sexual practices and behaviors when they engaged in commercial sex across the border. Data is collected through a interviewers with a structured questionnaire. The interview lasted for around 5 to 7 minutes. The general personal data, AIDS awareness and sexual practices of the truck drivers are examined. A total of 1,276 truck drivers was interviewed. All the respondents are male and majority of them are middle aged, married with children and earn above the average family income. As shown from this study, there are several factors that make truck drivers more vulnerable to HIV infection: (1) sexually active middle aged; (2) relatively high income; (3) strong masculine culture that man have extra-marital sex is nothing wrong; (4) the commercial sex industry across border is prosperous; (5) they found the truck driving job is quite boring. However, they were quite knowledgeable on the nature of AIDS disease and its modes of transmission. Their information and knowledge on HIV/AIDS were mainly from TV, Radio, Newspapers, Pamphlets etc. Only a quarter of the respondents admitted that they had engaged in commercial sex across the border before. Among them over 90% used condom. Only 11.8% alleged of having STD before. Among their fellow workers, they commonly believed that they must use condom with prostitute or unstable sexual partner by they would not use condom with their wives or 'stable' sexual partners. Their risk perception of HIV infection is low s they alleged of having safer sex practices. Besides, this group of adult is quite health conscious. Due to the threat of HIV infection, they are rational to reduce their high-risk behaviors. It is because they are the breadwinner of their families and earn a relative high income. They are afraid of losing all he had if getting the infection to Hong Kong. Truck drivers of Hong Kong had several potential risk factors of increasing their vulnerability to HIV infection. However, due to their rational and health conscious orientation, they are willing to have safer sex practices, such as condom use when they engaged commercial sex. Regular publicity on HIV/AIDS should be rendered to this target group so as to remind them of the significance of safer sex practices in responding to the epidemics recommended.

AIDS Prevention and Care Committee

The AIDS Prevention and Care Committee (APCC) is a newly formed committee under the fourth term of ACA starting August 1999. The Committee replace two previous committees under the third term: the Committee on Education and Publicity on AIDS (CEPAIDS) which was first established under the then Medical & Health Department in 1987 for designing and implementing AIDS prevention programmes, and the AIDS Service Development Committee which was formed in 1994 to look after the needs of patients in AIDS clinical and support services.

APCC has the following terms of reference:

- (a) To be responsible to the Hong Kong Advisory Council on AIDS;
- (b) To formulate prevention strategies on HIV/AIDS with emphasis on vulnerability;
- (c) To facilitate the development of relevant local model of HIV prevention and care activities;
- (d) To involve the community on local HIV/AIDS prevention and care activities;
- (e) To develop a coordinated programme direction to enhance positive response from the community;
- (f) To promote quality treatment, care and support of people living with HIV/AIDS in both public and private sectors; and
- (g) To evaluate the effectiveness of AIDS prevention and care programmes in Hong Kong.

AIDS Prevention and Care Committee (APCC)

Chairman :

Mrs Diana WONG IP Wai-ying

Sr. Ann GRAY

Mr. WAN Mau- Cheong

Ms. Elijah FUNG

Members :

Dr. Richard TAN

Professor Peter LEE Wing-ho

Mr. Daniel LAM Chun, JP

(resigned in July 2000)

Professor Sara HO Suk-ching

Mr. CHEUNG Che-kiwok

Mr. HO Chi-on, Billy

Dr. Joseph LAU Tak-fai

Dr. Kerrie L. MacPherson

Ms. Bella LUK Po-chu

Mr. Chung-chi TO

Mr Tony PANG Shing-fook

Mr. LIN Oi-chu

Dr. James CH IEN Ming-nien

Mr. Frederick TONG Kin-sang

Mr. KO Chun-wa

Mr. Brett WHITE

Mr. CHAN Kwok-chiu

Dr. Patrick LI Chung-ki

Mr. Graham SMITH

Ms Lourdes FONG

Correctional Services Department :

Dr. TAN Kaw-hwee

Department of Health :

Dr. Thomas CHUNG Wai-hung

(up to January 2000)

Dr. KWONG Kwok-wai

(from February 2000)

Health & Welfare Bureau :

Miss Angela LUK Yee-wah

Information Services Department :

Mr. Simon LAU Wai-bing

Social Welfare Department :

Mrs. Alice LEUNG WONG Sau-mei

Secretaries:

Department of Health :

Dr. Clive CHAN Ching-nin

Mr. John YIP Lau-sun